



COMMUNITY HOUSING IMPROVEMENT PROGRAM (CHIP) APPLICATION

(1) APPLICANT #1				
First Name		Middle		Last Name
Address		City	State	Zip Code
Home Phone		Work/Other Phone		
(1a)	Marital Status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married	Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Age <input type="text"/>	
(1b)	Race (check one)			
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American		
Hispanic Ethnicity (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No				
(3) HOUSEHOLD INFORMATION: List all household members that currently reside in the property				
Name	Age	M/F	\$ Monthly Income	Source(s) of Income
Name	Age	M/F	\$ Monthly Income	Source(s) of Income
Name	Age	M/F	\$ Monthly Income	Source(s) of Income
Name	Age	M/F	\$ Monthly Income	Source(s) of Income
Total # of persons in Household		Total yearly Household Income \$		

(Application continued on other side)

In order to process your request for assistance, please answer the following:

1. Have you every received a grant or loan from the City Of Chula Vista? _____
2. If yes, when did you receive the grant and/or loan? _____

Please provide a brief description of the types of improvements/repairs that you are requesting:

By signing below you certify the following:

1. I/We have applied for a Community Housing Improvement Program (CHIP) deferred grant from the City of Chula Vista. I/We understand and agree that the City shall place a lien on my/our property and that I/We shall be responsible for repayment of any funds expended should I/We sell, rent, or transfer title to my/our property within a three-year period from the date of the last disbursement of funds. I/We agree to cooperate with the placing of the lien and shall notify the City if I/We no longer intend to occupy the property within the three-year timeframe.
2. I/We completed an application containing personal and financial information including: employment, income, occupancy status, etc. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the application or other documents, nor did I/We omit any pertinent information.
3. I/We understand and agree that the City reserves the right to request any additional information necessary to complete the CHIP deferred grant request and verify the information provided on the application with the employer, creditor, or financial institutions.
4. I/We fully understand that it is a Federal crime punishable by fine, imprisonment or both to knowingly make any false statements when applying for this CHIP deferred grant, as applicable under the provisions of Title 18, United States Code, Section 1014.

Applicant's Signature

Date

Applicant's Signature

Date